SCC eFile 2013 ANNUAL REPORT 213521044 COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION					
1.) CORPORATION NAME:			DUE DATE: 6/30/2013		
RLI INSURANCE COMPANY					
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY BANK OF AMERICA CENTER, 16TH FLOOR 1111 EAST MAIN STREET			SCC ID NO: F0252975		
			5.) STOCK IN CLASS	FORMATION AUTHORIZED	
RICHMOND, VA					
3.) CITY OR COUNTY OF VA REGI RICHMOND CITY	STERED OFFICE:				
4.) STATE OR COUNTRY OF INCC IL	RPORATION:				
6.) PRINCIPAL OFFICE ADDRESS:					
ADDRESS: 9025 N LINDBERGH DR					
CITY/ST/ZIP: PEORIA, IL 61615					
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.					
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL J STONE P/COO 9025 N LINDBERGH DR PEORIA, IL 61615	X OFFIC	ER	X DIRECTOR	
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS L BROWN VP/CFO/TREAS 9025 N LINDBERGH DR PEORIA, IL 61615	X OFFIC	ER	X DIRECTOR	
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TODD W BRYANT VP/CONT/ASST TR 9025 N LINDBERGH DR PEORIA, IL 61615	X OFFIC	ER	X DIRECTOR	
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD J DRISCOLL VP/CLAIMS 9025 N LINDBERGH DR PEORIA, IL 61615	X OFFIC	ER	X DIRECTOR	
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY D FICK VP/HR 9025 N LINDBERGH DR PEORIA, IL 61615	X OFFIC	ER	X DIRECTOR	
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SETH A DAVIS VP/INTRNL AUDIT 9025 N LINDBERGH DR PEORIA, IL 61615	χOFFIC	ER	DIRECTOR	

		χ OFFICER	DIRECTOR		
NAME:	AARON P DIEFENTHALER				
TITLE:	VP/CIO				
ADDRESS: CITY/ST/ZIP/CO:	9025 N LINDBERGH DR PEORIA, IL 61615				
311.73.72733.	1 EONIA, IE 01013	x OFFICER	DIRECTOR		
NAME:	AABON H JACOBY	X OFFICER	DIRECTOR		
TITLE:	AARON H JACOBY VP/CORP DEV				
ADDRESS:	9025 N LINDBERGH DR				
CITY/ST/ZIP/CO:	PEORIA, IL 61615				
		χ OFFICER	DIRECTOR		
NAME:	DANIEL O KENNEDY				
TITLE:	VP/GC/S				
ADDRESS:	9025 N LINDBERGH DR				
CITY/ST/ZIP/CO:	PEORIA, IL 61615				
		χ OFFICER	DIRECTOR		
NAME:	MURALIDHARAN NATARAJAN				
TITLE:	VP/IT				
ADDRESS: CITY/ST/ZIP/CO:	9025 N LINDBERGH DR				
C11 1/31/211 /CO.	PEORIA, IL 61615				
		X OFFICER	DIRECTOR		
NAME:	JEAN M STEPHENSON				
TITLE: ADDRESS:	AVP/S				
CITY/ST/ZIP/CO:	9025 N LINDBERGH DR PEORIA, IL 61615				
311 1/31/211 /33	FLORIA, IL 01013				
NAME.		X OFFICER	X DIRECTOR		
NAME: TITLE:	CRAIG W KLIETHERMES				
ADDRESS:	SVP/RISK SVCS 9025 N LINDBERGH DR				
CITY/ST/ZIP/CO:	PEORIA, IL 61615				
	,	χ OFFICER	χ DIRECTOR		
NAME:	JONATHAN E. MICHAEL	X 01110211	X 5201011		
TITLE:	CEO/CHAIRMAN				
ADDRESS:	9025 N LINDBERGH DR				
CITY/ST/ZIP/CO:	PEORIA, IL 61615				
		χ OFFICER	DIRECTOR		
NAME:	JENNIFER L KLOBNAK				
TITLE:	VP/RISK SVCS				
ADDRESS:	9025 N LINDBERGH DR				
CITY/ST/ZIP/CO:	PEORIA, IL 61615				
		χ OFFICER	DIRECTOR		
NAME:	CHRISTOPHER D RANDALL				
TITLE:	VP/RISK SVCS				
ADDRESS:	9025 N LINDBERGH DR				
CITY/ST/ZIP/CO:	PEORIA, IL 61615				
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ TODD W BRYANT	TODD W BRYANT, VP/CON	NT/ASST	5/1/2013		
SIGNATURE OF DIRECTOR/OFFICER	TR		DATE		
LISTED IN THIS REPORT PRINTED NAME AND CORPORATE TITLE					
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document he delivered to the Commission for filing					

respect with the intent that the document be delivered to the Commission for filing.